

## CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. CIR./DIST./DIV. CODE 08C		2. PERSON REPRESENTED JONES, DEANDRE LAMONT		VOUCHER NUMBER 11361001																																																																																																																																																													
3. MAG. DKT./DEF. NUMBER 0:10-000476-001		4. DIST. DKT./DEF. NUMBER 0:10-000336-001		5. APPEALS DKT./DEF. NUMBER X:11-003610-001																																																																																																																																																													
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) US v. JONES		8. PAYMENT CATEGORY Other																																																																																																																																																													
9. TYPE PERSON REPRESENTED Appellant		10. REPRESENTATION TYPE (See Instructions) Appeal of Trial Disposition		11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.																																																																																																																																																													
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS KUSHNER, JORDAN S. 431 South Seventh Street Suite 2446 Minneapolis MN 55415  Telephone Number: (612) 288-0545			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice require the attorney whose name appears on this order to represent the person represented for this service at time of appointment. <input type="checkbox"/> Other (See Instructions) _____ Signature of Presiding Judicial Officer or By Order of the Court Date of Order: 11/30/2011 Nunc Pro Tunc Date: 11/30/11 ✓ Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																																														
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)																																																																																																																																																																	
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FILED

11-2-2-2013

MICHAEL E. GANS  
CLERK OF COURT

DRAFT

 2nd APP  
 4-16-13  
 Date